			gark icons to display help windows. ed will enable you to file a more complete return and reduce the chance:	s the IRS has to d	contact you.	1706
٠		0-EZ	Short Form			OMB No. 1545-1150 2016
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except private	foundations	
0		data Tananan	▶ Do not enter social security numbers on this form as it i	may be made pu	iblic.	Open to Public Inspection
Inter	nal Rever	of the Treasury nue Service	► Information about Form 990-EZ and its instructions is at	www.irs.gov/for	m990.\U	ine producti
_		1	ar year, or tax year beginning , 20	16, and ending		, 20
$\overline{}$	check if ap	•	C Name of organization ?		D Employer	identification number
$\overline{}$	Address c		Richardson East Rotary Foundation	Room/suite		46-050228 9
$\overline{}$	Name cha Initial retu:	•	Number and street (or P.O. box, if mail is not delivered to street address)	Aconvalite	E Telephone	
=		n/terminated	P.O. Box 831765		Ļ <del></del>	214-392-7182
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	2	F Group E	· —
		n pending	Richardson, TX 75083	05	Number	
		ling Method:	✓ Cash Accrual Other (specify) ►	/   н		If the organization is not
	Vebsite				•	attach Schedule B
			eck only one) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no ) 🗌 4947(a)(1		(Form 990, §	990-EZ, or 990-PF).
		<b>J</b>	Corporation Trust Association Othe		71	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or more, or it tota	ii assets	
	art I				inatorialia	\$ ( Do-t 1) P3
	arti		e, Expenses, and Changes in Net Assets or Fund Bala the organization used Schedule O to respond to any question	•		· —
?	1		ons, gifts, grants, and similar amounts received	on in this Fart	1	27,998
2	2		ervice revenue including government fees and contracts		2	<del></del>
2	3		ip dues and assessments		3	<del></del>
?	4	Investment	•		4	
_	5a			5a		
	b		· · · · · · · · · · · · · · · · · · ·	5b		
)	c		ss) from sale of assets other than inventory (Subtract line 5b from		50	
)	6	-	d fundraising events			
. e	а	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than	6a		
Revenue	ь	•		3 of contribution	08	ğ
<u>چ</u>			aising events reported on line 1) (attach Schedule G if the			. i
_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3b		
5	С			6c	42,936	
€.	d		e or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract	
9		line 6c) .			· · 60	59,787
) 0 0	7a	Gross sale	s of inventory, less returns and allowances	7a		
õ	b			7b		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	
	8		nue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	. ▶ 9	
	10	Grants and	similar amounts paid (list in Schedule O)		10	
	11	Benefits pa	aid to or for members	~~ <u>``</u> `````````````````````	11	
SeS	12	Salaries, o	ther compensation, and employee benefits 🛍 🧃 🛴 🛴 🛴 🗀		12	<del></del>
ē	13 14		al fees and other payments to independent contractors 2		13	<del></del>
Expenses	15		y, rent, utilities, and maintenance	2018	14	
_	16	Other expe	enses (describe in Schedule O)	,	16	<del></del>
	17	Total expe	enses. Add lines 10 through 16	יוֹיחוֹת .	▶ 17	
<u></u>	18	Excess or	enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9)	المالية المالية	18	<del></del>
ěts	19	Net assets	or fund balances at beginning of year (from line 27, column	(A)) (must agre		<u> </u>
455			ar figure reported on prior year's return)			·····
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			<del></del>
Z	21		or fund balances at end of year. Combine lines 18 through 20			<del></del>
For	Paper			Cat. No 108421		Form 990-EZ (2016)



		te (see the instruction	one for	r Part II)					
Part II	Balance Shee								
	Check if the org	ganization used Sche	dule C	to respond to a	ny question in this	Part II			. [
	<b>_</b>				<del></del>	(A) Beginning of year	ar	(B) End of y	rear
<b>22</b> Cas	th savings and in	vestments		- 1			58 22		133,55
							23	<del>                                     </del>	100,00
	_			· ·		444	34 24		
	•	e in Schedule O)		<b>1</b>					400.55
		· · · · · · · · · · · ·					92 25		133,55
		ribe in Schedule O)					15 26		102,11
27 Net		alances (line 27 of col					77 27	<u> </u>	31,43
Part III	Statement of P	rogram Service Acc	compl	ishments (see th	e instructions for	Part III)			
	Check if the org	ganization used Sche	dule C	to respond to a	ny question in this	Part III	9	Expense	5
Vhat is the		imary exempt purpose		ee Statement O	- <del></del>		(Re	equired for sec	
	•	, , , ,				1		1(c)(3) arıd 501 panizations; op	
s measur	ed by expenses.	program service accor In a clear and concist relevant information for	se mar	nner, describe the	s services provide	program services d, the number of	,, , -	ners.)	AIQHZI II
		vided to the City of Ricl			ble organizations				
and c	ollege scholarship	payments made on beh	alf of g	raduates of RISD I	nigh schools.				
7 (Gran	ts \$	54,196) If this amo	ount in	cludes foreign ara	ints, check here	<b>&gt;</b> [	] 28	a	
		ovided primarily throug					- 1	<del>                                     </del>	
								•	
(Gran		16,950) If this amo	ount in	oludob forcias are	ata abaal basa		29	_	
	Service grants	10,930) It tills affic	ount in	cludes loreign gra	ints, check here .		29	<u>a  </u>	
30 Youth	3 Service grants			·					
							;-   <sub></sub>		
(Gran					ints, check here .		30	a	
31 Other	program services	(describe in Schedule	^\	1					
	p. 0 g 00, 1,000	describe in ochedule	<b>∋O)</b> .				- 1		
(Gran	ts \$	528) If this amo	ount in	cludes foreign gra	ints, check here .	▶ 🗆	31	a	
(Gran	ts \$	528) If this amo	ount in	cludes foreign gra	ints, check here .	▶ 🗆	31		
(Gran	ts \$ program service	528) If this amo	ount in 28a thr	clydes foreign gra rough 31a)	ants, check here .	· · · <b>&gt;</b> [	32	2	Part IV
(Gran 32 Total	ts \$ program service List of Officers, D	528) If this amo expenses (add lines 2 Directors, Trustees, and	ount in 28a thr d Key E	cludes foreign gra ough 31a) inployees (list each	nts, check here		32	2	Part IV
(Gran 32 Total	ts \$ program service List of Officers, D	528) If this amo	ount in 28a thr d Key E	cludes foreign gra rough 31a) inployees (list each to respond to a	nnts, check here n one even if not cor ny question in this	npensated—see the Part IV	e instru	uctions for I	. [
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
		instructions for Part V/ Officek II the organization used ochedule of to respond to any question in this			No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u> </u>
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>v</u> .
	b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35t <sup>1</sup>		
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	ь 38а	Did the organization file Form 1120-POL for this year?	37t) 38ai		×
	ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter:			
	а	Initiation fees and capital contributions included on line 9	1 5		
	b 40a	Gross receipts, included on line 9, for public use of club facilities		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40t)		<u>~</u> :
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40€		<b>V</b>
	41	List the states with which a copy of this return is filed ► None			
	42a	The digarater of books are at our of participation of the second of the	214-392		<u> </u>
	b	Located at ▶ 2437 Fulton Drive, Garland, TX ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	750 42b	Yes	No
		If "Yes," enter the name of the foreign country: ▶	721		
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country:	42c:		
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •		None No
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4481		~
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b)		~
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	[	~
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~
			+30	l	, <b>-</b>

	•						
Form 99	90-EZ (2015)					Pa	age 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?					Yes	No V
Part		s only s must answer que	stions 47–49b and	52, and complet		· · · ·	es
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during	the tax	Yes	No_
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	o an exempt non-cha ection 527 organizations five highest compens	ritable related organizen?	ation?		es, and	V V d key
<del></del> -	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defice compensation	oyee (e) Estimat		
None						<del></del>	<del></del>
							<u>.</u>
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors who	each received	i more	than
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	rice	(c) Compensa	tion	
None							
d 52	Total number of other independent contribution the organization complete Scheducompleted Schedule A	_		▶nizations must a	ittach a <b>⊳</b> ∐ Ye	s 🔲 I	No
true, co	penalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other has	return, including accompan n officer) is based on all info	ying schedules and statemi ormation of which preparer l	ents, and to the best of has any knowledge	my knowledge ar	d belief,	it is
Sign	Signature of officer	<b>A</b>		Date /	1		

Preparer's signature

Here

Paid

Preparer Use Only Kenneth L Schwartz, Treasurer
Type or print name and title

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Non-Paid Preparer

Firm's name ▶

PTIN

Check if self-employed

Firm's EIN ▶

Date

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-004

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 46-050228 Richardson East Rotary Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit diescribed in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-graint college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 3312% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetan (vi) A.mount of (described on lines 1-10 listed in vour governing support (see other support (see above (see instructions)) instructions) Instructions) No Yes (A) (B) (C) (D) (E)

Total

AL TO SOME MANAGE AND ASSESSED.

Schedu	e A (Form 990 or 990-EZ) 2017					ŀ	Page 2
Part	II Support Schedule for Organiza	ations Descr	ribed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	1) /
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	ted below, p	lease comple	ete Part III.)/	
	on A. Public Support	<del></del>	<del>,</del>				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e),2017	(f) Total
1	Gifts, grants, contributions, and	i	1				
	membership fees received. (Do not		1		1	/	
	include any "unusual grants.")						<del></del>
2	Tax revenues levied for the	ļ	j		/	j	
	organization's benefit and either paid	}	)			<b>j</b>	
•	to or expended on its behalf	ļ		<del></del>			
3	The value of services or facilities	<b>\</b>				!	
	furnished by a governmental unit to the organization without charge	<b>,</b>			1,	[	
4	Total. Add lines 1 through 3	<del></del>	<del></del>	<del></del>	<del> </del>	<del> </del>	
•	•	- Contract	F				
5	The portion of total contributions by each person (other than a						
	each person (other than a governmental unit or publicly	east.					
	supported organization) included on		<u>.</u>				
	line 1 that exceeds 2% of the amount		Special			1	
	shown on line 11, column (f)	Annual Control				11	
6			AND PROPERTY.				L
	on B. Total Support	<del>1</del>	/	/ 	<del>,</del>	T	
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014/	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	<u> </u>	<del> /-</del> -	<del></del>	<del> </del>	<del> </del>	<del> </del>
8	Gross income from interest, dividends, payments received on securities loans,	ļ	/	}	}	}	]
	rents, royalties, and income from	ļ	/	ļ	1	1	ļ
	similar sources	}	/	ļ	)	ļ	ļ
9	Net income from unrelated business		17				
	activities, whether or not the business	}	/	,			1
	is regularly carried on	<u></u>	<u>/</u>	<u> </u>	<u> </u>	ļ	
10	Other income. Do not include gain or	/			ļ	ļ	j
	loss from the sale of capital assets	/	j	j	ļ		j
	(Explain in Part VI.)		54/34 to				
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		AND REAL PROPERTY.				L
13	First five years. If the Form 990 is for t					12	on 501(c)(3)
,,,	organization, check this box and stop he	7					
Secti	on C. Computation of Public Suppo	<del>/</del>			<del></del>		
14	Public support percentage for 2017 (line			1, column (f))	<del></del>	14	%
15	Public support percentage from 2016 Sc					15	%
16a	331/3% support test-2017. If the organ					31/3% or more	check this
	box and stop here. The organization qua						🟲 🖂
b	331/3% support test-2016. If the organ						nore, check
	this box and stop here. The organization	•		-			🏲 📙
17a							
	10% or more, and if the organization means the						
	organization	, acto and one					<b>&gt;</b> 🗆
b	10%-facts-and-circumstances test-2	016 If the ord	nanization did s	not check a be	ny on line 12	16a 16b or 1	ب 7a and line
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization				_	•	
18	Private foundation. If the organization d						
	instructions /		· · · · · ·	<u></u>	<u> </u>		🕨 🗀
	1						90 or 990-EZ) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	• •		
(Complete only i	if you checked the box o	on line 10 of Part I or if the organizati	ion failed to qualify under Part II.
If the organization	on fails to qualify under t	he tests listed below, please comple	ete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 20132	(b) 20145	(c) 201 <b>5</b> 4	(d) 2016	(e) 20176	(f) Total
1	Gifts, grants, contributions, and membership fees		7				
	received. (Do not include any "unusual grants.")	15,660	12,900	12,500	20,777	27,998	89,835
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59,503	68,279	68,560	65,351	102,723	364,416
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	75,163	81,179	81,060	86,128	130,721	454,251
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			li li			454,251
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 20182	(b) 20143	(c) 20164	(d) 2016	(e) 201/6	(f) Total
9	Amounts from line 6	75,163	81,179	81,060	86,128	130,721	454,251
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	163	181	165	188	218	915
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	163	181	165	188	218	915
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	75,326	81,360	81,225	86,316	130,939	455,166
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon		or fifth tax ye	ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line			3. column (fl)		15	99.80 %
16	Public support percentage from 2016 Sci		=	·_ · · · ·		16	99.78 %
	on D. Computation of Investment In			<del></del>	· · · · ·	1.0	
17	Investment income percentage for 2017 (			v line 13 colun	nn (fl)	17	00.22 %
18	Investment income percentage from 2016					18	00.22 %
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organization 18 is not more than 331/3%, check this	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization d		-	•			_

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		Ĺ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	 	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	İ	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's pranizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	4	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<del>                                     </del>
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	Ц.	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	108		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	101		+-

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Part	Supporting Organizations (continued)			
		<del></del>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	•	•
a	below, the governing body of a supported organization?	11a	Г	΄
ь	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	+	
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	· T	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	<del>                                     </del>	
Secti	on C. Type II Supporting Organizations			
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	<u> </u>	
Secti	on D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous werking relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "es," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	13	ــــــــــــــــــــــــــــــــــــــ	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetr	ection	
, a	The organization satisfied the Activities Test. Complete line 2 below.	1113111	iotioi.	3).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Pescribe in Part VI how you supported a government entity.	(see u	nstruc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	<del> </del>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	+	+

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		<u></u>
b Average monthly cash balances	1b	-	
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	!		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	7		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	<del></del>
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the experiented a first on a new functional	_	tograted Tupe III supporting	og organization (coo

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.	<del></del>	<del></del>	
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	l
	(provide details in Part VI). See instructions.			<del></del>
<u>θ</u>	Distributable amount for 2017 from Section C, line 6			<del></del>
10	Line 8 amount divided by line 9 amount	<del></del>		(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			, , , , , , , , , , , , , , , , , , ,
2	Underdistributions, if any, for years prior to 2017			, '
	(reasonable cause required-explain in Part VI). See			,
	instructions.			
_3_	Excess distributions carryover, if any, to 2017			
<u>a</u> _	5			<del>   </del>
<u>p</u> _	From 2013			
<u>c</u>	From 2014			<del></del>
	F 0010			<del></del>
<del>_</del>	Total of lines 3a through e	<del> </del>		<del></del>
	Applied to underdistributions of prior years			1
	Applied to 2017 distributable amount			<u> </u>
i	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			'
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if	į		Ÿ,
	any. Subtract lines 3g and 4a from line 2. For result	4		ą ,
	greater than zero, explain in Part VI. See instructions.			<u> </u>
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
		ļ		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:		<del></del>	
а	Excess from 2013 .			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			, , , , , , , , , , , , , , , , , , , ,

Page	5

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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## **SCHEDULE G** (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service www.ira.gov/Form000 for the latest instructions. Name of the organization Employer identification number 46-050228 Richardson East Rotary Foundation Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that applye Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity col. (i) Yes No 1 5 6 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

	211011	than \$15,000 of fundraising gross receipts greater than	ng event contributions			
			(a) Event #1 2017 Gala (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (ra))
Revenue	1	Gross receipts	102,723		(322)	102,723
	2 3	Less: Contributions Gross income (line 1 minus line 2)	102,723			102,723
nses	4	Cash prizes				
	5	Noncash prizes	9,244			9,244
	6	Rent/facility costs	3,155			3,155
Direct Expenses	7	Food and beverages	8,956	<u> </u>		8,956
Oirec	8	Entertainment	2,500			2,500
	9	Other direct expenses .	19,081			19,081
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		42,936 59,787
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" on Form 99	90, Part IV, line 19, or	reported mo re
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (e) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes	· 			
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	a Ist	ter the state(s) in which the or the organization licensed to co No," explain:	onduct gaming activities	s in each of these states		Yes No
10	a We b If "	ere any of the organization's g	aming licenses revoked	l, suspended, or termin	ated during the tax year	? . ☐ Yes ☐ No

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11		Yes 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	] Yes □	No
13	Indicate the percentage of gaming activity conducted in:		
а	<del></del>		<del>%</del>
ь 14	An outside facility		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	] Yes □	ì No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	,	,
	Name ▶		
	Address ▶		<i></i>
16	Gaming manager information:		
	Name▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a	retain the state gaming license?	] Yes [	] No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	l (v); and ation.	
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Richardson East Rotary Foundation 46-0502289 Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid in Excess of \$5,000 to Donees Class of Activity: Community Service City of Richardson, Richardson, TX 75080, Unrelated Class of Activity: International Service Rotary Foundation, P.O. Box 75133, Chicago, IL 60675, Affiliated Entity Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances Increase in Net Accruals Form 990-EZ, Part II, Beginning of Year Line 24 - Other Assets: Accounts Receivable 10,000 1,134 Deposits 11,134 Total Line 26 - Total Liabilities: Accrued Expenses 3,050 10,000 Deferred Income 23,315 Temporary Reserves **Unpaid Scholarships** 61,750 Total Form 990-EZ, Part II, End of Year 12,801 Line 26 - Total Liabilities: Accrued Expenses 23,315 Temporary Reserves Unpaid Scholarships 66,000 Total

Schedule O (Form 990 or 990-EZ) (2016)	Page 2	
Name of the organization	Employer identification number	
Form 990-EZ, Part III - Organization's Primary Exempt Purpose		
The Richardson East Rotary Foundation was organized to facilitate its sponsor organization, the Richardson	dson East Rotary Club, to develop	
the mission of Rotary which is to encourage and foster its individual members in: 1) the development of	acquaintance as an opportunity for	
service; 2) develop high ethical standards in business and professions, recognize the worthiness of all	useful occupations, dignify each	
member's occupation as an opportunity to serve society; 3) apply the ideal of service in each Rotarian's	personal, business and community	
life and 4) advance the international understanding, goodwill and peace through a world fellowship of b	usiness and professional persons	
through service to our fellow man.		
Form 990-EZ, Part III, Line 28 - Community Service Program Accomplishments		
Community Service to the Richardson, TX community was provided by supplying financial support to the	ne City of Richardson needed to build	
an new all-inclusive park for it's residents and members of the larger community. Our Club and Founda	tion committed to reise a minimum of	
\$250,000 toward the construction and equipping of the park. Most of the funding is to be raised during	the Foundation's 2017-2018 fiscal	
year. In addition, the Foundation provided \$17,750 of payments to current and prior year scholarship re	cipients and approximately \$20,500 to	
various other local 501(c)(3) organizations who support the Richardson community with educational, literacy, dental and social programs.		
Form 990-EZ, Part III, Line 29 - International Service Program Accomplishments		
This Foundation partnered with The Rotary Foundation (RF), an affiliated 501(c)(3) organization located	in Chicago, IL by supplying \$8,525 in	
cash funds. The RF operates world-wide and supports a variety of humanitarian-projects such as litera	ey, polio erredication, world poace	
and water and sanitation projects in undeveloped countries. All projects involving this Foundation are	undertaken in partnership with a	
Rotary club in the country in which the project is located. The Rotary system allows our sponsor club t	o partner with Rotarians in other	
Rotary clubs throughout the world by assisting the foreign partner club in providing sometimes urgently	y needed programs and facilities to	
their friends and neighbors. Needless to say, the accomplishment of these projects results in mutual g	oodwill for the participating clubs and	
their respective members which helps in the promotion of Rotary's goal of peace, goodwill and internat	ional understanding.	